

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-12

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.167

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$ 129,600
b. FFY 2005 \$ 259,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attached pages to Attachment 3.1A, Pages 10 and 11

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attached pages to Attachment 3.1A, Pages 10 and 11

10. SUBJECT OF AMENDMENT:

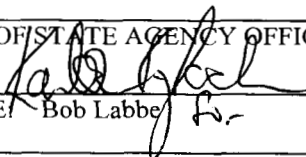
Personal Care Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Governor does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Bob Labbe

14. TITLE: Deputy Commissioner, Medicaid Director
Department of Health and Social Services

15. DATE SUBMITTED:
December 30, 2003

16. RETURN TO:

Alaska Department of Health and Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 31 2003

18. DATE APPROVED: FEB 20 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
OCT -1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

Description of Service Limitations

14. **INSTITUTIONS FOR MENTAL DISEASES FOR AGE 65 OR OLDER:** Services in institutions for mental diseases for individuals age 65 or over are provided if placement is prior authorized by the Division of Mental Health or the Professional Review Organization on contract with the Division.
15. **INTERMEDIATE CARE FACILITY SERVICES:** Placement in a nursing facility offering an intermediate level of nursing care or in an ICF/MR require prior authorization by the Division of Medical Assistance.
16. **INPATIENT PSYCHIATRIC FACILITY SERVICES:**
 - (1) Inpatient psychiatric facility services for individuals under 21 are provided if placement is prior authorized by the Division of Mental Health or PRO or the state's designee.
 - (2) Rehabilitative services, including appropriate therapies, are provided for severely emotionally disturbed children in a JCAHO-accredited residential facility.
20. **EXTENDED SERVICES TO PREGNANT WOMEN:** All state plan services are provided for pregnant women through 60 days after pregnancy ends. Nutrition services are provided by registered dietitians to high-risk pregnant women. Prior authorization is required in most cases, and visits are limited to seven per pregnancy.
24. **OTHER MEDICAL CARE:**
 - a. Transportation: Non-emergency medical transportation must be authorized in advance by the medical review section of the Division of Medical Assistance or its fiscal agent. Non-emergency transportation must occur on weekdays during normal working hours. Emergency medical transportation is covered to the nearest facility offering emergency medical care. The services of an emergency air ambulance or an accompanying escort must be authorized no later than the first working day following the travel. Ground ambulance service is approved only for a one-way trip at a time.
 - d. Nursing Facility Services for Children: Nursing facility placement for patients under age 21 requires prior authorization by the Division of Medical Assistance.

Description of Service Limitations

f. Personal Care Services:

Covered services are limited to non-technical, hands-on assistance with activities of daily living (ADLs), which include bathing, dressing and grooming; problems with instrumental activities of daily living (IADLs), such as shopping and cleaning; and with other problems that require semi-skilled care. Allowable services must be defined in a service plan developed as a result of a functional assessment conducted in the consumer's home and approved by the Personal Care A agency. Coverage is limited to one assessment and service plan in a 12-month period.

Services must be provided through a qualified PCA agency by health care paraprofessionals called Personal Care Assistants (PCAs). The PCAs must have completed a state-approved PCA training program, except in cases where:

- the personal care agency has determined that the recipient or their representative is capable of specifying the training requirements for the personal care assistant and supervising them;
- the personal care agency has trained the recipient or their representative in their responsibilities; and
- the personal care assistant has successfully completed the recipient-specific training provided by the recipient or their representative.

To be a representative, an individual must be directly involved in the recipient's day-to-day care and available to assume the responsibility of managing the recipient's care, including directing the care as it occurs in the home.

Personal care services do not include:

- (1) application of dressings involving prescription medication and aseptic techniques; invasive body procedures, including injections and insertion or removal of catheters; tracheostomy care; tube or other enteral feedings; medication administration; or care and maintenance of intravenous equipment. However, personal care assistants may perform these tasks under the following conditions:
 - the recipient of services, or their representative, is capable and willing to delegate such functions, which are within the purview of individuals and their unpaid caregivers to perform;
 - the recipient or representative is capable and willing to supervise the administration of these tasks; and
 - the personal care agency has determined that the recipient or their representative is capable of delegating the tasks and perform these supervisory functions.
- (2) chore services in the home, including cleaning floors and furniture not used directly by the recipient; laundry not incidental to the recipient's care; cutting firewood; and shopping for groceries and other household items not required specifically for the health and maintenance of the consumer;
- (3) any task the personal care agency, supervising nurse, or division determines, as a result of the assessment, could reasonably be performed by the consumer or a member of the consumer's household;
- (4) respite care intended primarily to relieve a member of the consumer's household, a family member, or a caregiver other than a personal care assistant from the responsibility of caring for the consumer; and
- (5) supervision, babysitting or care of any other household members, social visitation, general monitoring for equipment failure, home maintenance, or pet care, except for a certified service animal.